PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/530,927			ing Date 08/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD NO	N/A		N/A	1 LL (0)	i	N/A	TLE (0)
	SEARCH FEE		N/A		N/A		N/A		1	N/A	
	(37 CFR 1.16(k), (j), ( EXAMINATION FE (37 CFR 1.16(o), (p), (	E	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))	G( (q))	minus 20 =				x \$ =		OR	x s =	
INE	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			1	x \$ =		1	x s =	
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
	APPI	OED - PART II	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT	04/08/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	* 8	Minus	<b></b> 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-	l	x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))		Minus	***			x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))								]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to the bit 2 reinvalent to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Childrel information Officer. US. Pattern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 2213-31450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEND T